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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number <b>10/581,305</b>		Filing Date <b>12 October, 2006</b>		<input type="checkbox"/> To be Mailed					
				Applicant(s) <b>SUTHERLAND BROWN ET AL.</b>						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED 11/02/2009		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	12						Total Indep						
Total Depend		19					Total Depend						
Total Claims		19					Total Claims						

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